## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILIN	NG	N	И	1	1	П	1	F	1	-	F		ſ	1	T	Π	1	С	ľ	V	N	1	S		E	ŧ	₹	ı	J	ι	J	Ľ	:1	E		ι	J	L	₹	К	ľ	,	۱	1	1	Ľ	1	V	١	ı	ı		۱	Н	V	۸	ľ	ı	ı	ì	3		t	ı	N	ш	H	VI	N	П	u	١,	н	- 1
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AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUM	MBER
ADDRESS		CITY		601-359-5248 STATE	ZIP
550 High Street, Suite 1000		Jackson		MS	39201
EMAIL Margaret.Wilson@medicaid.ms.g ov	MAY 0 1 2019	Name or number of rule(s): Tit Clinics, Chapter 1: (ieneral, Ru Service Limits, Rule 1 3: Covered Methodology, Rule 1 5: Documen Pregnancy Related Eligibles and I Treatment (EPSDT)	le L.I: Provide Land Non-Cove Itation Requirer	er Enrollment Requered Services, Rule nents, Rule I 6: Co	uirements, Rule 1.2: 2 1.4: Reimbursement
Short explanation of rule/amendmen submitted to allow the Division of Medicaid (PADS) referred to as Clinician Administered with SPA 18-0013 eff. 07/01/18 and to allow services in an RHC. This final filing contains perform an encounter in an RHC. Specific legal authority authorizing the List all rules repealed, amended, or su General, Rule 1,1: Provider Enrollment Require Rule 1,5: Documentation Requirements, Rule 1.	Drug and Implantable Dru Licensed Professional Co non-substantive changes promulgation of rul- spended by the prop ments. Rule 12: Service I	s) for proposing rule/amend encounter rate for the administration g System Devices (CADDs), reimbuunselors (LPCs) and Board Certifie to Rules 1.2 and 1.3 by specifying e: 42 C.F.R. Part 491; 42 CFR § osed rule: Title 23: Division of Minuts, Rule 1.3: Covered and Non-Cimits, Rule 1.3: Covered and Non-Cimits Rule 1.3: Covered and Rule 1.3: Cov	on of certain caused under the dependent of the defension	altegories of physic pharmacy benefit, alysts (BCBAs) to BAs as the mental .230	ian administered drugs effective to correspond provide mental health professionals that car inics, Chapter I
Treadment (EFSDT):					ig, Diagnosis, and
ORAL PROCEEDING:					
An oral proceeding is scheduled fo	r this rule on Date:	Time: Place: _			
Presently, an oral proceeding is no	t scheduled on this ri	ıle.			
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request a notice of proposed rule adoption and should income agent or attorney, the name, address, email address including ECONOMIC IMPACT STATEMENT:  Economic impact statement not re	should be submitted to the clude the name, address, e dress, and telephone numl arguments, data, and viev	e agency contact person at the above mail address, and telephone numbe per of the party or parties you repre-	e address withing of the person sent. At any time t/repeal may be	n twenty (20) days (s) making the requence within the twente e submitted to the	after the filing of this uest; and, if you are an ty-five (25) day public filing agency.
TEMPORARY RULES		ED ACTION ON RULES	FIN	AL ACTION C	N RHIES
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose  New rul Amendr Repeal Adoptic Proposed final 30 days	ed:	Date Propo Action take Ado X Ado Ado Witi Rep Effective de	osed Rule Filed: en: epted with no cha epted with chang epted by reference hdrawn eal adopted as p ate: days after filing	APR 0 1 2019 anges in text es
Printed name and Title of person a	uthorized to file rul	on Debut Could For		e. Inbarentii	
Signature of person authorized to f		es: Drew L. Snyder, Exe	cutive Dire	ctor	
e-gradule of person authorized to t	ile rules.	Daw Day	Let -		
OFFICIAL FILING CTARA	I	WRITE BELOW THIS LINE			
OFFICIAL FILING STAMP	OFFI	CIAL FILING STAMP	5	MAY 0 1 MISSISS RETARY (	2019 IPPI
Accepted for filing by	Accepted for		#240	for filing by	NW)
The entire text of the Proposed Rule in	cluding the text of an	y rule being amended or cha	nged is attac	ched.	O'